

YEAR BOOK  
OF  
THE CHARTER OAK PRIVATE HOSPITAL



1907-1911

31 WETHERSFIELD AVENUE, HARTFORD, CONNECTICUT







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CHARTER OAK PRIVATE HOSPITAL  
Established 1907



HAT the comparatively small private hospital in sizable communities fills a decided demand, has been amply demonstrated within the last few years, both in this country and abroad. There is probably no city in the United States, of Hartford's size, which has not one or more such institutions. The great majority of surgeons feel strongly that surgical operations are much more satisfactorily and safely performed in an operating room with fixed technique, supplied with all necessary equipment to meet the ordinary and the unusual conditions which may arise than in the home of the patient. There are exceptions to this rule as in cases of emergency which render hazardous the removal of a patient. It has been found that many patients are willing to enter a private hospital who could not be induced to become inmates of a general public hospital. This fact should not be considered as a disparagement to the general hospitals, of which Hartford has two of the best in New England. The general hospital must, as a rule, accept all types and conditions of disease, while the private hospital is free to discriminate and more readily preserves a continuously wholesome and cheerful atmosphere.

## CHARTER OAK PRIVATE HOSPITAL

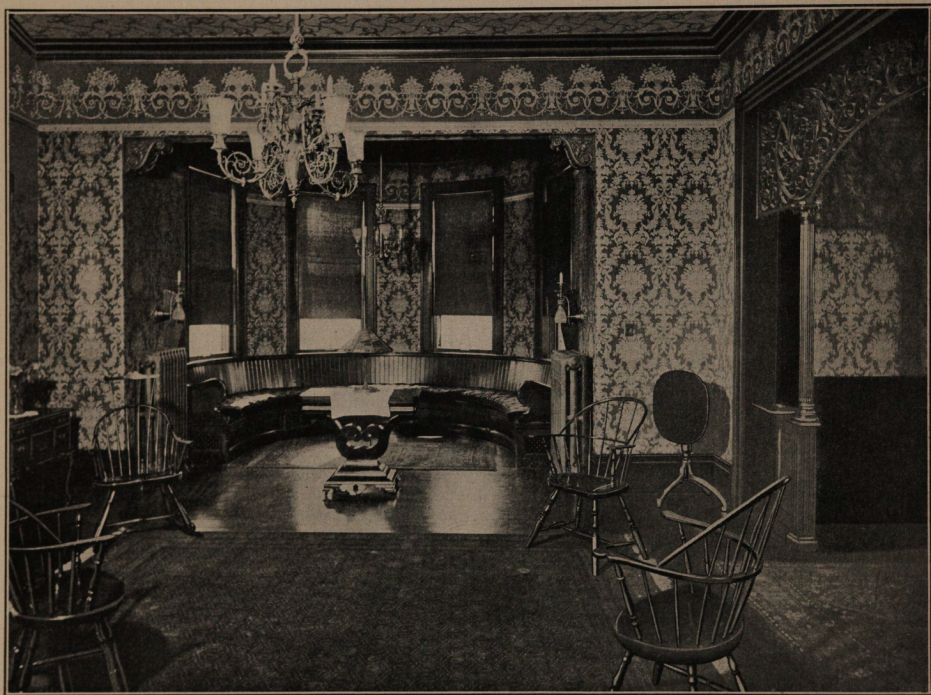


ON JUNE 1st, 1911, the Charter Oak Private Hospital completed the fifth year of its existence and its first year at its present location on Wethersfield Avenue. The removal of the hospital from its original modest quarters on Charter Oak Avenue to the spacious, handsome and well-located building it now occupies has been amply justified by its greatly increased facilities and the marked growth of its patronage. The property is ideally situated for the purpose on a wide and beautiful avenue opposite the mansion of the late Colonel Colt and the picturesque park which bears his name, and while within easy access of all points of the city, it has the advantages of a suburban location. The building stands on a spacious lot with fine lawns and shade trees. The house is of brick construction with the outline of a home rather than an institution. It is exceptionally well built, has verandas on both first and second floors, contains thirty rooms of various sizes, well-ventilated, mostly finished in hard wood with inlaid floors and high ceilings. It is generously lighted by gas and electricity, heated by hot water and furnished with modern sanitary plumbing.

**The Patient's Rooms** are light and well-ventilated. The furnishings are attractive yet simple, favoring a dustless aseptic atmosphere. Three rooms are of such size that two or more patients can be accommodated in each where such an arrangement is desired. Each bed in each room is connected by electric button with an annunciator and with our comparatively large corps of nurses, prompt service is assured.



OFFICE FROM RECEPTION ROOM



RECEPTION ROOM

**The Operating Room** is well equipped with the latest and most approved fixtures and appliances, including an aseptic cabinet of carefully selected instruments for general surgical use; a most modern and complete type of operating table which furnishes all of the various positions required in operative work. The sterilizing autoclave is Kny-Scheerer's best and of sufficient capacity to admit the copper drums which contain all dressings and fabrics used in operating. The sterilizers for water and instruments are electrically equipped, avoiding the heat in the operating room caused by gas sterilizers. During the year just completed, the operating room equipment has been augmented by a number of instruments, an actual cautery apparatus, a Kelley crescentic instrument table, a Gatch anæsthetizing apparatus, providing nitrous oxide gas, ether and oxygen in the most approved Johns-Hopkins manner. The operating room is under the continuous charge of Miss N. L. Cummings, whose surgical training and eight years' experience in operating room management and technique have made her highly proficient. It is but just to add that wound infections have been of the rarest occurrence.

**The Clinical Laboratory** is a spacious and well-equipped bacteriological and pathological laboratory under the personal direction of Dr. Henry C. Russ (Johns-Hopkins), the resident pathologist at Lakeside Hospital, Cleveland, Ohio, (1907 to 1909). It is directly over the operating room and connected with it by a dumb waiter and speaking tube. The work in this department includes bacteriological cultures, inoculations for diagnostic purposes, the preparation and administration of autogenous vaccines and sera, the examination of various sections and exudates, and the sectioning and microscopic examination of all tumors and specimens obtained from operations, including rapid frozen sections for purposes of

instantaneous diagnosis. This scientific work is conducted for the benefit of patients at the request of their medical attendant. The report of Dr. Russ' work for the year is appended.

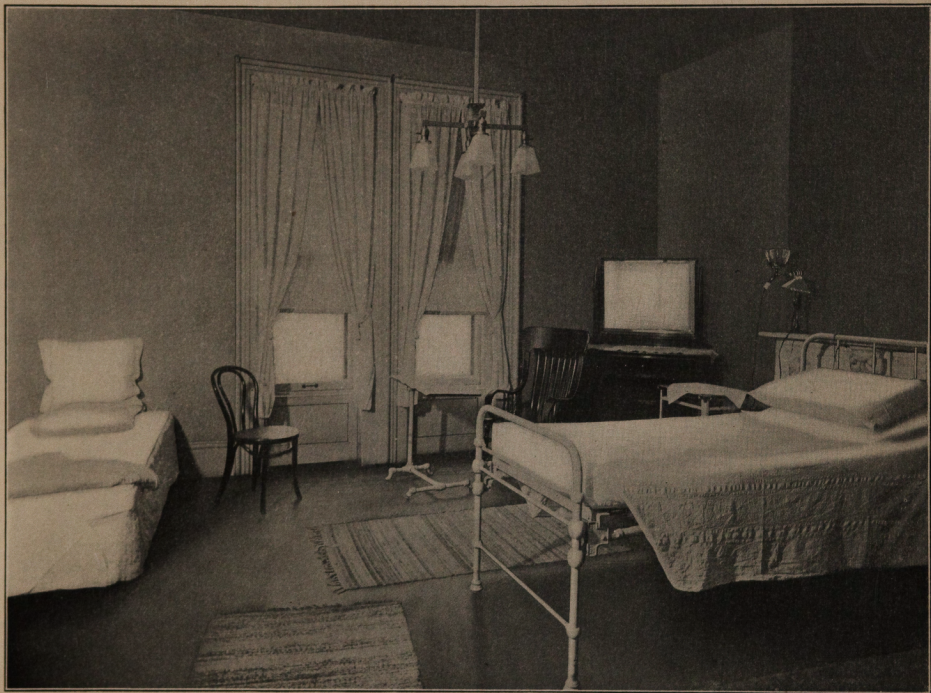
**Accommodations.** From eighteen to twenty patients can be accommodated in this beautiful home which affords the advantages of modern hospital appointments and facilities for scientific care. When it is desirable for patients to be accompanied by members of their families, accommodations can usually be provided. We constantly endeavor to hasten convalescence by as much out-of-door life as it is possible for the patient to have. Practically all of the patients can be accommodated on the ample verandas.

**Nurses.** The corps of resident nurses has been increased during the past year from five to seven, including graduates and pupils. When desired, special nurses can be procured by the superintendent or the selection may be made by the patient or medical attendant.

**Charges** for room and nursing range from twenty to thirty-five dollars per week according to the character of the accommodation. The charge of one dollar per day is made for board of special nurses. A fee of five dollars is charged for use of the operating room for capital operations. The Charter Oak Private Hospital has continued its policy, adopted from the first, of affording its services to all legally-qualified and reputable practitioners, and, while it is essentially a surgical hospital, a small number of non-contagious and sane medical patients are received. It is the ardent aim of the management to furnish a high-class service to the patients in medical and surgical nursing, diatetics and hygiene; to provide a faultless operating room technique; to supply the medical and surgical attendants with all necessary and desirable acquirements and to carry out their instructions to the



DINING ROOM



A PRIVATE ROOM

letter. In addition we shall do all in our power to provide a home-like, quiet and cheerful atmosphere and to eliminate so far as possible all objectionable features of hospital and institutional life. The management wishes to thank the medical profession and the public for their generous patronage of the hospital during the past year.

**Results and Statistics.** During the first four years there were admitted 250 patients, upon whom 275 surgical operations were performed. During the past year there have been admitted 300 patients of whom 49 were medical and 251 surgical patients. There were performed 260 operations. In numbers of instances where more than one operation has been performed upon the same patient, the cases have been tabulated as one operation. It is gratifying to note that in this series of 535 operations, extending over a period of five years and including a wide range of surgery, there occurred but three fatalities. One in an aged woman caused by diabetes mellitus, several days following amputation of leg for diabetic gangrene. The second, a young man suffering from chronic gastric ulcer and appendicitis, died five days following operation of intestinal obstruction. The third, an elderly man, died of renal suppression and uraemia forty-eight hours following extensive operation upon the biliary tract. The mortality in surgical cases for the past year has been .75 of 1% and for the five years .55 of 1%. Among the more important operations of the past year may be mentioned fifty-four appendicectomies of which fourteen were performed for suppurative condition, and four for ruptured appendices with spreading peritonitis. There were eight operations upon the gall bladder and biliary tract, twelve complete operations for carcinoma of the breast. There were eleven operations for hernia of various types. Ninety-one laporotomies for the above various conditions were performed. There

were twenty-one operations for cancer, twelve being of the breast, four of the face, one each of the colon, rectum, and liver; also one of the cervix uteri and one of the ovary. There were three partial thyreoidectomies for exophthalmic goitre.

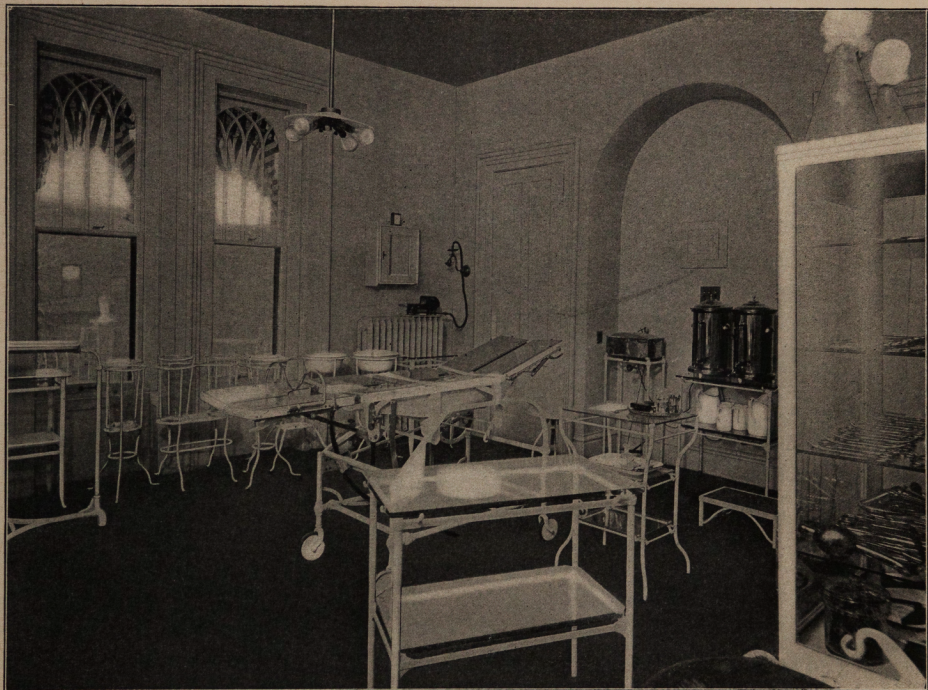
Each county in the state has been represented by patients during the past year. In addition, the following states have sent us one or more patients: Maine, New Hampshire, Vermont, Rhode Island, Massachusetts, New York, New Jersey, District of Columbia and Kentucky. Our registry for visiting physicians shows that we have received visits from sixty members of the medical profession outside of Hartford.

The management courts criticism and suggestions from the medical profession and others interested in the work.

Communications may be addressed to

MISS M. C. MACGARRY, Superintendent

Telephone : Charter 3797



OPERATING ROOM



LABORATORY

# OPERATIONS

JUNE 1910—JUNE 1911

## 1. HEAD, FACE AND NECK

Abscess of middle ear (otitis media)	Incision and drainage	4
Abscess of cervical region (tubercular lymph adenitis)	Incision and drainage	2
Cervical lymph adenitis (tubercular)	Excision of glands	2
Hypertrophic adenoids and tonsils	Adenoidectomy and tonsilectomy	22
Carbuncle (posterior surface of neck)	Complete excision	2
Cataract	Iridectomy	1
Granuloma (tubercular)	Excision	1
Glaucoma (absolute)	Enucleation of eye	1
Cleft tongue	Plastic operation	1
Sebaceous cyst of scalp and face	Excision	4
Deformed ears	Plastic operation	1
Exophthalmic goitre	Partial excision	3
Benign tumor of tongue	Excision	1
Facial cornua excrescence	Excision	1
Facial growths (benign)	Excision	2
Facial growths (epithelioma)	Excision	4
Nasal polypi	Excision and cautery	1
Gun shot accident	Removal of powder and dressing	1
Tic douloureux	Injection of fifth nerve with alcohol	4

## 2. THORAX

Axillary abscess (staphylococcus) . . . . .	Incision and drainage . . . . .	1
Carcinoma of breast . . . . .	Radical operation . . . . .	12
Axillary lymph adenitis . . . . .	Excision of glands . . . . .	1
Fibor-cystic degeneration of breast . . . . .	Local excision . . . . .	2
Myofibroma of breast . . . . .	Amputation . . . . .	2
Lipoma of scapular region . . . . .	Excision . . . . .	2
Tumor of axilla (benign) . . . . .	Excision . . . . .	1

## 3. ABDOMEN

Abscess of inguinal region (tubercular) . . . . .	Incision and drainage . . . . .	1
Abscess of inguinal region (Neisserian) . . . . .	Incision and drainage . . . . .	1
Appendicitis (chronic, interval and subacute) . . . . .	Appendicectomy . . . . .	36
Appendicitis (acute, suppurative) . . . . .	Appendicectomy . . . . .	14
Appendicitis with ruptured appendices and spreading peritonitis (free pus) . . . . .	Appendicectomy . . . . .	4
Carcinoma of liver . . . . .	Exploratory laparotomy . . . . .	1
Carcinoma of colon . . . . .	Colostomy . . . . .	1
Carcinoma of rectum . . . . .	Entero-enterostomy . . . . .	1
Gall stones in gall bladder . . . . .	Cholecystostomy . . . . .	5
Gall stones in common duct . . . . .	Cholecystostomy and choledochostomy . . . . .	2
Cholecystitis without stones . . . . .	Cholecystostomy . . . . .	1
Chronic gastric ulcer . . . . .	Gastroenterostomy . . . . .	2
Femoral hernia . . . . .	Herniorraphy . . . . .	4
Inguinol hernia . . . . .	Herniorraphy . . . . .	3
Inguinol scrotal hernia . . . . .	Herniorraphy . . . . .	1
Ventral hernia . . . . .	Herniorraphy . . . . .	1
Umbilical hernia . . . . .	Herniorraphy . . . . .	1

Intestinal obstruction . . . . .	Enterostomy . . . . .	1
Peritonitis caused by inflammation of Meckel's diverticulitis . . . . .	Laparotomy . . . . .	1

#### 4. OVARIES AND TUBES

Carcinoma of ovary . . . . .	Salpingo-oöphorectomy . . . . .	1
Ovarian cysts and cystic degeneration of ovaries . . . . .	Salpingo-oöphorectomy . . . . .	6
Ovarian cyst with ruptured and spreading peritonitis . . . . .	Salpingo-oöphorectomy with drainage . . . . .	1
Pelvic abscess (tubal) . . . . .	Posterior vaginal section . . . . .	1
Sebaceous cyst of back . . . . .	Excision . . . . .	1
Ectopic gestation (tubal) . . . . .	Salpingo-oöphorectomy . . . . .	1

#### 5. UTERUS AND VAGINA

Carcinoma of cervix (inoperable) . . . . .	Cauterization . . . . .	1
Cystocele and rectocele, anterior and posterior . . . . .	Colporrhaphy . . . . .	2
Chronic endometritis . . . . .	Curettage . . . . .	12
Fibroid tumors of uterus . . . . .	Hysterectomy . . . . .	4
Elongated lacerated cervix . . . . .	Amputation . . . . .	1
Laceration of cervix and perineum . . . . .	Trachelorrhaphy and perineorrhaphy . . . . .	4
Uterine polypus . . . . .	Excision and cautery . . . . .	1

#### 6. KIDNEYS AND BLADDER

Nephroptosis . . . . .	Nephropexy . . . . .	2
Tumor of bladder (benign) . . . . .	Cystostomy and excision . . . . .	1
Various kidney and bladder conditions requiring . . . . .	Cystoscopy and urethral catheterization . . . . .	9

## 7. PENIS, URETHRA AND PROSTATE

Urethral stricture . . . . .	Dilatation and internal urethrotomy . . . . .	4
Hypertrophied prostate with tumor of bladder . . . . .	Suprapubic prostatectomy and enucleation of tumor . . . . .	1
Chronic hydrocele . . . . .	Operation for radical cure . . . . .	4
Phimosis . . . . .	Circumcision . . . . .	13

## 8. ANAL REGION

Hemorrhoids . . . . .	Dilatation and excision . . . . .	9
Fistula in ano . . . . .	Excision . . . . .	5
Fissure in rectum . . . . .	Dilatation and excision . . . . .	1
Rectal polypus . . . . .	Excision . . . . .	1
Pilonidal sinus . . . . .	Excision . . . . .	2

## 9. EXTREMITIES

Traumatic deformity of leg . . . . .	Amputation of thigh . . . . .	1
Infected finger . . . . .	Amputation . . . . .	1
Fracture of finger . . . . .	Reduction with plaster cast . . . . .	1
Infected thumb . . . . .	Incision and drainage . . . . .	1
Bursitis and Hallux-varus . . . . .	Excision of joint . . . . .	1
Ingrowing toe nail . . . . .	Evulsion of nail . . . . .	1
Infected corns . . . . .	Excision and drainage . . . . .	1
Lipoma of arm . . . . .	Excision . . . . .	2
Osteo sarcoma — metacarpal bones of hand . . . . .	Excision . . . . .	1
Benign tumor — dorsal surface of hand . . . . .	Excision . . . . .	1
Ulceration of heel . . . . .	Excision . . . . .	1

## LABORATORY REPORT

JUNE 1910 — JUNE 1911

During the period June 20th, 1910 to June 1st, 1911, there were 502 Examinations and Analyses made in the Laboratory. A large majority of these were for patients resident in the Hospital. A summary of the principal lesions studied is as follows:

Adenitis, - - -	3	Fibroma, nose, - - -	1
“ Tuberculous, - -	2	Gastric Analyses, - - -	5
Adenofibroma, breast, - -	1	Goitre, - - -	3
Adenoma, prostate, - -	1	Leucocyte Counts, - - -	43
Appendicitis, - - -	14	Mastitis, Chronic, - - -	1
Carcinoma, breast, - -	11	Myoma, Uterus, - - -	1
“ ovary, - - -	2	Myxofibroma, breast, - -	4
“ penis, - - -	1	Naevus, skin, - - -	1
“ (epithelioma) nose, -	1	Papilloma, skin, - - -	1
Cervicitis, - - -	2	Sarcoma, - - -	2
Cysts, ovarian, - - -	7	Tuberculosis, intestine, - -	1
Cystoma, papillary, breast, -	1	Urinalyses, - - -	291
Endometritis, - - -	3	Vincent's Angina, - - -	1

Not included in the above summary, the following examinations were made:

**Blood:**— Haemoglobin; erythrocyte counts; examinations for plasmodia; coagulation time—Widal reaction.

**Sputum, Pleural Fluid, Urine and Various Discharges** for the isolation and identification of pathogenic micro-organisms:

**Feces:**— For blood, parasites, ova, etc.

In addition, Autogenous Vaccines were prepared in 12 cases.

Frozen Sections for diagnosis at operation in 8 cases.

HENRY C. RUSS, M. D.

THE CASE, LOCKWOOD & BRAINARD CO.  
HARTFORD, CONN.



